



TRANSPORTATION AND STORMWATER **GRANT APPLICATION**

Note: This application is ONLY for Stormwater Projects impacting a State Road.
Return completed Application to: stormwater1@ifa.in.gov by July 29, 2021.

Section I. APPLICANT and SYSTEM INFORMATION

1. Applicant Name (community or utility name): _____
2. Type of Applicant (check one):
 - ☐ Municipality (City, Town, County, Township)
 - ☐ Regional Sewer or Water District
 - ☐ Non-profit Water Corporation
 - ☐ Conservancy District
 - ☐ For-profit Utility
 - ☐ Other _____
3. Project Applicability (Both items are required for Grant eligibility):
 - ☐ Flooding/Stormwater
 - ☐ State Road(s) Impacted _____
4. Project Name: _____
5. Service Area Population (<http://data.census.gov>) : _____
6. Location of the Proposed Project
 - City / Town: _____
 - County(ies): _____
 - State Representative District: _____
 - State Senate District: _____
 - Congressional District: _____
7. Median Household Income for Service Area (<http://data.census.gov>): _____
8. Current Stormwater User Rate: _____
9. Current Wastewater User Rate/4,000 gal.: _____
10. Applicant's Data Universal Numbering System (DUNS) Number¹: _____

Internal Use - Project Number:

¹ Participants must register with the SAM.gov, which requires the participant to have a DUNS Number. For more information about how to obtain a DUNS number and register in SAM.gov, see www.srf.in.gov.

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Section II. CONTACT INFORMATION

Authorized Signatory (an official of the Community or Utility that is authorized to contractually obligate the applicant with respect to the proposed project):

Name: _____

Title: _____

Address: _____

City, State, Zip Code: _____

Telephone # (include area code): _____

E-mail: _____

Applicant Staff Contact (person to be contacted directly for information if different from authorized signatory):

Name: _____

Title: _____

Address: _____

City, State, Zip Code: _____

Telephone # (include area code): _____

E-mail: _____

Grant Administrator (if applicable):

Contact: _____

Firm: _____

Address: _____

City, State, Zip Code: _____

Telephone # (include area code): _____

E-mail: _____

Consulting Engineer:

Contact: _____

Firm: _____

Address: _____

City, State, Zip Code: _____

Telephone # (include area code): _____

E-mail: _____

Bond Counsel (if applicable):

Contact: _____

Firm: _____

Address: _____

City, State, Zip Code: _____

Telephone # (include area code): _____

E-mail: _____

Financial Advisor (if applicable):

Contact: _____

Firm: _____

Address: _____

City, State, Zip Code: _____

Telephone # (include area code): _____

E-mail: _____

Local Counsel:

Contact: _____

Firm: _____

Address: _____

City, State, Zip Code: _____

Telephone # (include area code): _____

E-mail: _____

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Section III. PROJECT INFORMATION

11. **Project Need** - Describe the need for this project. Include information about the impacted area(s), the amount and extent of damages caused by flooding, the frequency of flooding, and the direct or indirect impact to any State Roads. (Please submit attachments, including photos, if additional information helps to fully demonstrate project need).

Click here to enter text.

12. **Proposed Project** - Describe the scope of the proposed project, including the type and extent of proposed flood improvements. (Submit attachments if additional space is required).

Click here to enter text.

13. Does any part of the project:

- a. Include components of a Stormwater MS4 (Rule 13) Plan or Best Management Practices? ☐ Yes ☐ No
- b. Incorporate elements that provide flexibility to adapt operations and functionality due to climate change and/or extreme weather event? ☐ Yes ☐ No
- c. Reduce a pollutant(s)? ☐ Yes ☐ No. If yes, what pollutant and by how much? _____
- d. Address a CSO Long Term Control Plan? ☐ Yes ☐ No
- e. Reduce CSOs? ☐ Yes ☐ No. If yes, by how much? _____
- f. Protects human health in another way, not listed above? If yes, describe. _____

14. Important dates (check current status and enter estimated dates):

Design: ☐ completed ☐ underway ☐ not yet started.

Estimated design completion date: _____

Land acquisition/easements: required for the project? ☐ Yes ☐ No

If land is needed: ☐ completed ☐ underway ☐ not yet started

Estimated design completion date: _____

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Permits: complete the following table regarding permits (No need to identify local/county permits)

Permit	Permit required? Please circle one.	If required, date submitted or expected date of submittal? (If not required, leave blank)	If required, date approved or expected date of approval? (If not required, leave blank)
IDEM Wetlands/Stream	Y / N		
Army Corps of Engineers	Y / N		
NOI – IDEM Stormwater	Y / N		
DNR Floodway/Floodplain	Y / N		
Other: _____	Y / N		

Bids: ☐ Notice of Award issued ☐ all bids obtained ☐ underway ☐ not yet started.

Estimated bid opening date: _____

Anticipated construction start date: _____

Anticipated construction completion date: _____

Please note, if a Transportation and Stormwater Grant is awarded, the authorized signatory will be required to certify the above dates will be met.

15. Project Cost Estimate:

CONSTRUCTION: \$ _____

Non-construction Costs \$ _____

TOTAL ESTIMATED PROJECT COST: \$ _____

16. Co-funding Source(s):

	Application Submittal (Date)	Amount Requested (Dollars)	Amount Awarded (if applicable)
Office of Community and Rural Affairs			
U.S. Dept. of Commerce Economic Development Administration			
U.S. Dept. of Agriculture Rural Development			
Coronavirus State and Local Fiscal Recovery Funds			
Local Funds			
Other: _____			
TOTAL AMOUNT REQUESTED (\$):			

17. Requested Transportation and Stormwater grant amount (after other funding): \$ _____

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Section IV. ITEMS REQUIRED TO RECEIVE A TRANSPORTATION AND STORMWATER GRANT

Prior to receiving Transportation and Stormwater Grant, the awardee must obtain all necessary permits, including a construction permit (if required); all necessary land and easements, and have a co-funding source in place.

In addition:

18. Does the applicant have an Asset Management Program in place? ☐ Yes ☐ No

Development of an [Asset Management Program](#) will be required by the completion of the project.

19. What was the end date of the last full State Board of Accounts Audit? _____

A State Board of Accounts Audit will be required by the completion of the project.

20. Has the utility participated in Regional Planning Initiatives?²: ☐ Yes ☐ No

Utility must attend or have attended an [IFA Regional Planning](#) meeting by the completion of project.

Section V. SIGNATURE

I certify that I am legally authorized by the legislative body to sign this application. To the best of my knowledge and belief, the foregoing information is true and correct.

Signature of Authorized Signatory (Community/Utility Official)

Printed or Typed Name

Title of Authorized Signatory

Date

² Per IC 5-1.2-11.5-7 and 5-1.2-11-8, the participant has or will participate in a cooperative/ regional activity (e.g., attend an IFA Regional Planning Meeting [www.in.gov/ifa/3035] or cooperative activity) acceptable to the Authority.